M91000003999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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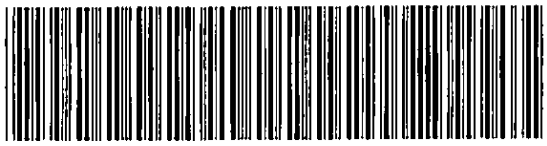

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 236467 5155900

AUTHORIZATION :

COST LIMIT : $ 25.00

ORDER DATE : December 12, 2022

ORDER TIME : 8:30 AM

ORDER NO. : 236467-105

CUSTOMER NO: 5155900

FOREIGN FILINGS

NAME: MAXIM HEALTH SYSTEMS, LLC

_____ CORPORATE
_____ LIMITED PARTNERSHIP
XX___ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Maxim Health Systems, LLC

(Name of limited liability company)

Maryland

(Jurisdiction of its organization)

07/08/1997

(Date registered with Florida Department of State)

M97000000399

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(Signature of authorized representative)

William Butz

(Typed or printed name of signee)

Filing Fee: $25.00